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1. CORRESPONDENCE ADDRESS

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

First Named Applicant

TITLE OF INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
P 1753	526-160:000	05-1710	UTILITY		\$1,130.00	03/20/92

3. ADDRESSEE (Print or type)

Exxon Chemical Company
Law Department
P.O. Box 710
Linden, NJ 07036

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Myron B. Kurtzman
2 Evan K. Butts
3 _____

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05-1710 020 142 1,130.00CH
05-1710 020 561 35.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

2 EXXON CHEMICAL PATENTS INC.

(2) ADDRESS: (City & State or Country)

LINDEN NJ USA

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

DELAWARE

A. ☐ This application is NOT assigned to the Patent and Trademark Office.

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☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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